

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	CND	DEP	CND	DEP	CND	DEP		CND	DEP	CND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13		13					63				
14		13					64				
15		13					65				
16		13					66				
17		13					67				
18		13					68				
19		13					69				
20							70				
21							71				
22							72				
23							73				
24							74				
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29							79				
30							80				
31							81				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	27						TOTAL DEP.				
TOTAL CLAIMS	28						TOTAL CLAIMS				